



JUNEAU COUNTY
ZONING & SANITATION DEPARTMENT

David Donnelly
Administrator

Phone (608) 847-9391
Fax (608) 847-1655

650 Prairie Street
Mauston, WI 53948

April 3, 2020

VERIFICATION MAINTENANCE NOTICE

Juneau County is required by State Statute and Wisconsin Administrative Code to inventory and document maintenance on all POWTS (Private Onsite Wastewater Treatment Systems) that exist in Juneau County. Your system is scheduled for maintenance or inspection at this time.

What this means to you as a landowner with a POWTS is 3 years after the initial installation or entering of your sanitary system into the maintenance program, and in 3 year cycles after that, Juneau County will need verification that your system has been visually inspected and is being pumped when needed. This includes all seasonal residences in Juneau County. No systems are grandfathered. This form must be completed by a certified septage hauler, POWTS inspector, licensed master plumber or master plumber-restricted and submitted to this office. This verification must be completed and returned to our office no later than **AUGUST 31, 2020**. Please be aware that this is not a voluntary program and failure to submit maintenance verification could result in legal action and a forfeiture of much more than the servicing costs. **If you feel that you have received this verification notice in error, please contact our office so we can make the required changes.** If you have any questions, please feel free to contact the Zoning Office at (608) 847-9391 or e-mail nhenriksen@co.juneau.wi.us.

Please return this form to our office by August 31, 2020:
JUNEAU COUNTY ZONING OFFICE, 650 PRAIRIE STREET, MAUSTON, WI 53948
ONE OF THE FOLLOWING **MUST** BE CHECKED:

_____ Pumping was not required at this time due to sludge/scum in septic tank not occupying more than 1/3 of tank.

_____ Septic tank (and pump chamber, if applicable) was pumped **through the 24" manhole and filter cleaned (if any)** at the time of inspection.

_____ If prior to receiving this notice the septic tank (and pump chamber, if applicable) and filter were cleaned please indicate date of pumping and copy of receipt with verification form _____ date of pumping.

I certify that the septic system on the above noted property is not ponding on the ground surface or backing up into the structure, and that the tank has been visually inspected.

Name of authorized Inspector/Pumper _____ Date of Inspection _____

Signature of authorized Inspector/Pumper _____ License # _____
MP - MPRS - POWTS Insp - POWTS Maint. (Please Circle One)

Property Address:
Sanitary Permit Number:

Tax Parcel Number:
Maintenance Date:

Owner Name:
Owner Address: